STATE OF MARYLAND—	CERTIFICATE OF DEATH	683
1. PLACE OF DEATH	(131)	1000
County Vallot	Registration Dist. No. &	90
Village or City Caston	No mergency Hospital St.	Ward
Langth of saldence in city or town where daath occurradyrsyrsyrs.	death occurred in a horpital or institution, give its NAME instead of street and  1. ds. How long in U.S. it of foreign birth?yrs	
2. FULL NAME Comment Houses Tel	If U.S. Veteran specify WAR	
(a) Residence: No. Gaston, Maryland,	P. Ast. Ward.	
(Usual place of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 8	1937
5a. If marriad, widowad, or divorced	(Month) (Day)	(Year)
HUSBAND OF SARA BOWMAN BELL	22. I HEREBY CERTIFY. That I attended	dacaased from
	Ilarch 28, 1931, 10 flay 8	, 1937
6. DATE OF BIRTH (month, day, and yaer) NOVERIBER 10, 1857.	1 lest saw h. MAM. alive on 11 and 8 11921	; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1315 at .m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
8. Trada, profession, or particular	Chracic Hebritis	Data of onset
O Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Will or credition	10-10-36
9 Industry or husinass in which	Wrenca	1 Heres
SAW MILL, BANK, atc.		
O 10. Date daceasad last worked at this occupation (month and year) spent in this occupation occupation		-
Jest)	Other Coutributory Causes of Importance:	
I2. BIRTHPLACE (city or town) (State or country)	Who we have	11 2 27
	meura	7-1-2/
13. NAME AT. COL. J. BOWMAN BELL, ILS.A.  14. BIRTHPLACE (city or town) READING, PA	Name of operation 20 Date of	
(State or country)	What tast confirmed diegnosis? Was there an	145
15. MAIDEN NAME MARY HAYES	23. If daath wes due to external causes (VIOL ENCE) fill in also the followin	7
15. MAIDEN NAME MARY HAYES  16. BIRTHPLACE (city or town) READING, PA.	Accident, sulcida, or homicide? Date of injury	, 19
(State or country)	Whare did injury occur? (Specify city or town, county and Sta	140)
17. INFORMANT WIDOW - 17 to Mary W. Doll (Addrass)	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE. LCO
18. BURIAL, OREMATION, OR REMOVAL	Mannar of injury	
Place Dete 3/10, 1937	Nature of Injury	
19. UNDERTAKER YAMUS U Peuge (Address)	24. Wes disease or Injury in eny way related to occupation of deceased?	260
20. FILED 5/10, 1937 M. H. Merrie. Registrar.	(Signad) & M. C. Shivees (Addrass) & Tan elle	M. D.
To be to the second of the company	N Cl. 1 C P.L. P	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1
	11 ag 1,1020	Character to the control to the cont	1 year

N. B.

(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 5	684 -
1. PLACE OF DEATH	942	
County Salbot	Registration Dist. No. 29	0
Village or Pry Zaston June	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmo	
2. EULL NAME Comes Dissur	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.  If nonresident give city or town and	State
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	/2	. 193
5a. If merriad, widowed, or divosced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Venue System	22. I HEREBY CERTIFY, That I attended	deceased from
al 1/1899	Hast saw h alive on 19	; deeth is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at	, 40011111111111111111111111111111111111
Castrul 1-0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	
8. Trade, profession, or perticular	were as follows:	Date of onset
o. Trade, profession, or periodial land kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cumary Thrombain	(5 /2-7 2
9. Industry or business in which	- Saray I was as	21111121/
work was dona, as SILK MILL, SAW MILL, BANK, etc		
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spent in this		4
year) occupation occupation	Other Contributory Causes of Importance;	
12. BIRTHPLACE (city or town)	Office Continuatory Causes of Importance.	7.7
(State or country)		
II 13. NAME ZLE Brown		
14. BIRTHPLACE (city or town)	Name of operation Dete of	1
(State or country)	What test confirmed diagnosis? History Wes there an a	utopsy?
15. MAIDEN NAME Usekusson	23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Luckusson  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida? Dete of injury	
Stata or country)	Whera did injury occur?	
17. INFORMANT Percy Brown (Address) 56/14 Pand at Germantown	(Specify city or town, county and Stat Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL  Plece New Phases Date 137, 1937	Manner of injury	
10 HADEDTAKED QUEST a. S. Berren	24. Was disasse or injury In eny way related to occupation of decessed?	-7~

If so, specify

(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephralis C. E. I. Y. E. D.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUN 7 1937				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. B. WRITE PLACE	mation should be c	CAUSE OF DEAT	TION is very impo

1. PLACE OF DEATH	MARYLAND—	SCERTIFICATE OF DEATH 5685
County Talbot		Registration Dist. No. 2-9/
Village or City III mich	(1)	NoSt.,Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U. S. If of foreign birth?yrsmosds.
	P P M	
2. FULL NAME Sarah &	2 surke	
(a) Residence: No. Wear St.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewale 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH May 12, 193 7 (Month) (Day) (Yeer)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	8	22. MI HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, dey, and year)	il 29, 1847	
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
84 0	/3   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ruse work	70 1 2 9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Cerebral Hemorrhage May 1
SAW MILL, BANK, etc	I Total time (vears)	
this occupation (month and year)	11. Total time (years) spent in this occupation	
		Dther Cantribntary Canses of importance:
2. BIRTHPLACE (city or town) (State or country)	nea County md	arteris 50 Coroses - Denil. T. 3
13. NAME LLOVES, W. 13	unles.	7
7-00	+ fo	Name of operation Dete of
14. BIRTHPLACE (city or town) 1/4/20/20 (State or country)	me	What test confirmed diegnosis?
15. MAIDEN NAME Many Co	Sauran	23. If deeth wes due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Mary Co.  16. BIRTHPLACE (city or town) Talba	LEOT	Accident, suicide, or homicide? Date of Injury 19
(State or country)	ned	Where did Injury occur?
7. INFORMANT A obert D. ) (Address) St. mil	Vales ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place St. Michaels D	ate May 13, 1937	Manner of injury
9. UNDERTAKER Mewnom & a (Address)	Havison	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED May 12 , 1937 John	Hwwales Trad Registrar.	(Signed) St. Hofee Man
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I			Example II	
of importance were as			e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 1937	Ju	15,1927	Peritonitis	3 days ago
	BUREAU V. S.				
Other contributory caus	es of importance:			Other contributory causes of importance:	
Gallstones		Ma	y 1,1923	Gastroenteritis	1 year
		-			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5686
1. PLACE OF DEATH	
county Calbat ounty	Registration Dist. No. 296
Village or My Easton mo.	No. On ergency Hosfutail Ward
Langth of rasidanca in city or town where death occurred	death occurred in a horpital or inditution, give its NAME instead of street and number)
11).00 i	ds. How long in U.S. if of foraign birth? yrs. mos. ds.  If U.S. Veteran specify WAR.
(a) Besidence No.	St. Mad Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Consideration of the color	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) UN 1- 1975	Hast saw h.1 _m_ aliva on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atSokm?
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as inflows:
8. Treda, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Newstaling Seg.
V 9. Industry or business in which	Hemorrhage (78/5)
work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date daceesad last workad at this occupation (month and year)  11. Votal tima (years) spent in this occupation (month and year)	Those 5/8/5)
12. BIRTHPLACE (city or town) JULIANIE, MM.	Othar Contributory Causes of Importance:
(Steta or country)	
13. NAME WWW. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Called Tab. State:
(State of country)	Whet test confirmed diagnosis? Level of Wes there an autopsy?
15. MAIDEN NAME NILLE WONTO	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Nille CONTO	Accident, suicida, or homicida?  Whara did injury occur?  (Specify city or town, county and State)
17. INFORMANT MA. MAS. LOTALY AND MAS. (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Pleca No. 1931	Manner of injury State & a#22 carried
19. UNDERTAKER Section These (Address) Cerchaniele Med	24. Was disaase or Injury In any way ralated to occupation of dacaased?
20. FILED 5/10, 1937 M. S.J. News	(Signed) M. D.  (Address) Roston Dury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I	)	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephralis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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er en	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111-1 7 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	UUIT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLA

V. S. No. 1

should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5688
1. PLACE OF DEATH	
County Jalost	Registration Dist. No. 293
Village or City Hear Easter Tours	No. St., Ward
(If Length of reside to in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
	If U. S. Veteran, specify WAR
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Day)
5a. If married, widowed, or divorced	(Month) (Day) (Teal)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, That I attended deceased from
a la gant	1937, to 1949, 1937, death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h alive on alive on the date stated ebove, at a m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
491 / lormin.	were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Mehrebos: Chronic, pasere humatorus
9 Industry or business in which	Duration: Grow history of year or so John
work was done, as SILK MILL, SAW MILL, BANK, atc.	Las de se su Corre e man raix
	Trainelfo leseng.
year)occupation	Other Contributary Causes of Importence
12. BIRTHPLACE (city or town)	Cofficience
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Clau Brown  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Land August (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place New X Lus/s. L. Date 2/2/, 19.27	Nature of injury
19 UNDERTAKER JAMES a Shew	24. Was disease or injury in any way related to occupation of deceased?
(Address) Easton Amal	If so, specify
20, FILED 5/20- 19.37, J. L. Gardner	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	kample I		Example II	
The principal cause of dea of importance were as follows:	th and related chases	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 10%	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Lie to the	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V.	July 5 1927	Peritonitis .	3 days ago
			A. A	
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year
			The state of the same of the same	

should state of OCCUPA. RD. Every item of infor-PHYSICIANS AGE should be stated EXACTLY. PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT IS MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE V. S. No. 1 Ř

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I. PLACE OF DEATH	98-0
County Lalbor	Registration Dist. No.
Village or City Mean Rondover My  Length of residence in city or town where death occurred yrs.	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Laury Wrater	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	word) Promy 20 1937
If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased f
(or) WIFE of	March 29, 1937, to May 12, 193
DATE OF BIRTH (month, day, and year) 111 3- 184	4 I last saw h is alive on May 14 J, 19 87; death is
AGE Years   Months   Days   If LESS	
84 8 14 1 dey,	THE RESERVE OF DEATH and related courses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Were as Tollows: Prome Myo condition 193
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	la Chronic Bronchelis 193
11. Total time (years) this occupation (month and year) year)	(Samply?)
BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME inknown	
13. NAINE Superior	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Junguovan	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Rordova mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Tairres Date 5/22	19.3 Nature of injury
UNDERTAKED and C. Spenson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Zadon Fred	If so, specify  (Signed) A Paymonn

CTATE OF MADVIAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
7 193	7 1015	Attack of epilepsy	1 week ago
	1,9,21	Run over by street car	1 week ago
Cerebral hemorrhage  BUREAU	S.Iuly 0, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH	+
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5	0	J	1	1	

1. PLACE OF DEATH			
County	llat	Registration Dist. No. 49	0
Village or City		NoSt.,St.,	
Length of asidence in city or town where	deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Willia	w Maston E	lleoth If U. S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	
red.	(Usual place of abode)	If nonresident give city or town and State	te
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH May 22 , 19 (Mon(h) (Day)	(Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	a a: mc hichol	1 HEREBY CERTIFY, That I attended december 1937 to May 2 Z	eased from
6. DATE OF BIRTH (month, day, end year)	une 11, 1867	1 lest saw h MM alive on May 22 1937 : de	eath is seld
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, et 3/5 Pm.	
7-0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance	
8. Trade, profassion, or perticular	1 11 101		unionsot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nerchant		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	stou		
10. Dete decessed last worked et this occupetion (month end / 9 3 5 yaar)	11. Total time (yeers) by spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Chat County	Other Contributory Canses of Importence:  Metastessage to Gives Gall Radle 2	when
1	1. Ellist	Strucial + Intutual hast.	
13. NAME William  14. BIRTHPLACE (city or town) Ju	that Court	Name of operation we (represed) Deta of	
(State or country)	7	What test confirmed diegnosis? A say of c Was there en auto	new? 260
置 15. MAIDEN NAME Than	y maston	23. If death was due to external causes (VIOLENCE) fill in also the following:	740
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	rington, Del.	Accident, suicide, or homicide? Dete of Injury	., 19
17. INFORMANT Prangas	et E. main	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	. 200
18. BURIAL, CREMATION, OR REMOVAL	1	Mannar of Injury	
Placa Easton, md.	Oeta 5/24,1987	Neture of injury	
19. UNDERTAKER Mayring (Address)	2. Lewnant Jose.	_	w
20. FILED 5/24 , 19.3.7	7. A. Newus Registrar.	(Signed) (Address) Early Md	M. O

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
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Arteriosclerosis	H .HH 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	J ly 5,1927	Perilonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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of OCCUPA-

1. PLACE OF DEATH	62-0	7
County Vallot	Registration Dist. No. 2 7 5	/
	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and number)	
7/ 0 7/	2 4 ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Atoward C. others	ew.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Rosey 2-7 (Year) (Year) (Year)	7
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Carrie E. Harrison	HEREBY CERTIFY, That I attended decease	d from
6. DATE OF BIRTH (month, day, and year) lugust 3 1872	I last saw house alive on Last 27 19.37: death	Ja oak
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 17.46.	13 3010
64 9 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	Dates	fonset
SAWTER, BOUNNEEPER, etc.	Cerebral Tremontage 5,	214
S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
O Date deceased lest worked et this occupation (month and 1931 spent in this occupation occupation		
12. BIRTHPLACE (city or town). Wilman.	Other Contributory Causes of importance:	
(State or country)	Prelevan Edua E	6
I 13. NAME Levin Herrison	- your way	7
14. BIRTHPLACE (city or town) Jalbot Co	Neme of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Mary Ellen Jones	23. If death was due to external causes (VIDLENCE) fill In also the following:	
15. MAIDEN NAME Mary Ellew Jones  16. BIRTHPLACE (city or town) Tallott Co	Accident, suicide, or fomicide? Date of Injury, 19	
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Crocest C. Orange	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Wattman 2nd.  18. BURIAL, CREMATION, OR REMOVAL		
Place Wittman Date May 29 19 3?	Menner of injury	
· Marine de Marine	Nature of Injury	
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?	
9 1	(Signed) A See Walle	M r
20. FILED May 21, 1937 /	(Address) William la	

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E	xample I		Example 11	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	8181 N 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	GOLF ( TOOL	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

item of inforshould state

Exact statement

IS A PERMANENT RIGORD. Every

ARGIN RESERVED UNFADING INK—THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B. WRITE PL

V. S. No. 1

FOR BINDING

stated EXACTLY. properly classified. Ex

of OCCUPA-

1. PLACE OF DEATH	(95.8)
County Salbot	Registration Dist. No. 27
	No.  St., Wa  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. 3. ds. How long In U.S. if of foreign birth?
2. FULL NAME Joshua Harrson  (a) Residence: No. Borman Ind  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Disse Stelkie	22. I HEREBY CERTIFY, That I attended deceased from 1937, to way 14, 193
6. DATE OF BIRTH (month, day, and year) May 22, 1855	1 lest saw because on heary 24, 1937; deeth is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 103 Ofm.
82 2 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Blacksmith	Parkid Buel 62
Work was done, as SILK MILL, SAW MILL, BANK, etc.	Dupease
D. Date deceased last worked at this occupation (month and 1931) spant in this occupation (occupation occupation occupati	
Barana	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) for the control of th	
13. NAME Joshua Harrison	1/20
13. NAME Joshua Harrson  14. BIR/HPLACE (city or town) Boz man  (State or country) Jallot Co. Ma	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Tester M. Quay	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vester M. Quay  16. BIRTHPLACE (city or town) By man  (State or country) Joseph of Co. Mal.	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Mus James Morris (Address) Bos man ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF BEMOVAL	Manner of Injury
Place 1207 man Oate May 27, 1937	Nature of injury
19. UNDERTAKER Newnam & Harrison (Address) If michaelas mu	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED May 26 1937 John Huwales	(Signed) Loss It Selle

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	u I	s p	COL	
	em o	hou	7.00	
	y It	S	10	\
	Ever	IAN	men	1
5		SIC	tate	
	COK	PHY	ct s	
N. C	E E		Exa	
-	Z	T	d.	
	ANE	CI	sifie	
	KM	XA	clas	
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	N	tate	rope	rtif
1	S	s ec	oe p	of ce
1	H	l Pli	ay l	ck
	/K	shou	it m	n ba
1		GE	hat	us o
	Ž	A	so t	ction
	FAI	lied.	ms,	stru
1	Z	ddn	ter	e in
	LH	lly s	lain	Se
	×	reful	in I	ant.
No.	LY,	cal	TH	port
	H	d be	DEA	y im
	PD	houl	OF	TION is very important. See instructions on back of certificate.
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	×	÷	2	0
	3	Age II	U	H

STATE OF MARYLAND	CERTIFICATE OF DEATH 5693
1. PLACE OF DEATH  County Vallot	Pegistration Dist. No. 291
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Married J. Harriso	If U.S. Veteran specify WAR.
(a) Residence: No. Where of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX 4. COLOR OR RACE No DIVORCED (write the word)	21. DATE OF DEATH May 18 , 193 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of a. Virginia Cooper	22. SI HEREBY CERTIFY. That I attended deceased from  19 37 to May 18 19 37
S. DATE OF BIRTH (month, day, and year) LOCC 14 1847	I last saw h Au alive on May 8 , 1937; death is said
7. AGE Years Months Daya If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Retuled Blacksmik SAWYER, BOOKKEEPER, etc. Retuled Slacksmik 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronie Myrearditis
11. Total time (years) this occupation (month and /9 3 3 spant in this occupation year)	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town) 203 man (State or country) , Tolbot Co, Ind.	Denlet
13. NAME John Harrison	7
14. BIRTHELACE (city or town) 13 mar (State or country) Jalbot Co. My	Name of operation Date of Was there an autopsy? \( \begin{align*}     \begin{align*}     & \text{Name of operation} & \text{Vas there an autopsy} & \text{PC} \end{align*}
15. MAIDEN NAME Marager Marshall 16. BIRTHPLACE (city or town) Bog grand,	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Ma Samuel R. Heint  (Address)  (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sherwood Date May 20, 1937	Manner of injury
19. UNDERTAKER Mewnam & Harrison (Address) St. Michaele Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 19, 19 37 John Howwalls Registrar.	(Signed) St. Michaels, Md. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 5699
1. PLACE OF DEATH	000
County / all / S	Registration Dist. No.
Village or City Management (1)  Langth of residence in city or town where death occurred yes not	No. "St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. If of foreign birth? yrs. mos.
	- 11/a A
2. FULL NAME SALLIE TO	of U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Henry 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mond 18 , 193 7 . (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fr about 29 h 1937 to May 18 4 193
6. DATE OF SIBTH (month, day, and year) Lee 20 1864	I wast saw here aliva on May 81, 1937; death is s
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above at . J. L. m.
1 d 4 d ormin.	The PRINCIPAL CAUSE OF DEATH and alated causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc.	uneral writer to scurred 1931
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occuration (month) and	
11. Total tima (years) this occupation (month and year)  12. Total tima (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town). hear Guymanel	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME Long Richards  14. BIRTHPLACE (city or town)	(
14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CONTRACTOR MANAGEMENT	23. If death was due to extarnal causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Elizabell Wingfit  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Yelling & Keel	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 190	Nature of Injury
19. UNDERTAKER Address) Pestan III	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5/19 , 19.3 7 M. Neeres Registrar,	(Signed) Tellearn D. Deymour M.
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1007	1915	Attack of epilepsy	1 week ago
JUN 1 1991	1921	Run over by street car	1 week ago
BUREAU V	Luly 5, 1927	Peritonitis	3 days ago
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	th and related causes ws:	th and related causes that of onset ws:  1916 1927 1927  July 5, 1927  of importance:	th and related causes late of baset of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	Registration Dist. No. 293
Village or City 22 Constant Co	No
2. FULL NAME SULE Sample	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2011) the word)	21. DATE OF DEATH  (Month)  (Qay)  (aar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Serkand Dacobe, Dacobe	1 HEREDY CERTIFY That I attanded recassed fr May 12 m, 1937, to May 28 m, 193 I lest saw hard aliva on May 27 m, 1937; daath is
6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Yaars  Months  Oays  If LESS than  1 day,hrs.	to have occurred on the date stated above at 246m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as plows:  Out of one  Out of out of one  Out of out of out  Out of out
SAW MILL, BANK, etc.	Duration & Six ruce kan
10. Oate deceased lest worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME Class Many 13. NAME	(terminal)
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? 23
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Occident Date of injury 19  Where did injury occur? 38 a Carabasola stallat County Manylood
17. INFORMANT Clause Lorsey (Address) Laston Mil	(Specify city or town, county and State) (Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
Place Oate Oate 1977, 19 37	Mannar of Injury Assidental Falla Nature of Injury
19. UNDERTAKER Augus ( Spine Mid	24. Was disease or injury in any way related to occupation of dacaasad? 700  If so, specify (Signed) William Diffusion N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Exact statement

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEA			
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923		1 year

Date of onset

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	·	7	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 5697
1. PLACE OF DEATH	93-20
County 1010015 1 h	Registration Dist. No. 290
Village or City / QSTVA	No. 7111971alucu Hospital st. Ward
(If	death occurred in a hospitalior institution, give its NAME instead of street and number)
Length of resideratin city of town where death occurredyrs1mos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME HOWILL SOLUSION	If U.S. Veteran specify WAR
(a) Residence: No.	St. Ward.
(Ujual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3: SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH VALLE
Female White OR DIVORCED (write the word)	193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22.   HEREBY CERTUFY That I attended deceased from
william 88. Jo francis	19.27, to 11.04, 19.27
6. DATE OF BIRTH (month, day, and year) 11/23	I last saw h, alive on, death is sail
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, it
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	Ceretral terretores 9-7-37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
f2. BIRTHPLACE (city or town)	Chinic My reactify years
(State or country)	
13. NAME Carles C. Dean	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation 200 Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? La
15. MAIOEN NAME Service Sucke	23, If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MIRROR CY Structor	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 609-37 der Troother Gestille Come	
Place Garding 2 0ate 2/2 1927	Manner of Injury
190	Nature of Injury
19. UNOERTAKER QUILLY ( ) Decree	24. Was disease or injury In any way related to occupation of deceased?
(Address) Zaston Med	If so, specify
20, FILED 5/1 137 / H. Yerry	(Signed) U. M. D. M. D.
Registrar.	(Address) And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 7 1937			
Other contributory causes of importance's.		Other contributory causes of importance:	
Gallstones BUREAU	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5698
1. PLACE OF DEATH	943)
County Talbox	Registration Dist. No. 290
Village or City Faster Milas Have	N No. Caston R.D "Outstando "Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
11 1 1 1	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME AVIGILA LOUIS 9 44M P	If U. S. Veteran, specify WAR
(a) Residence: No. M./Q.S. H.Q.V.Q.N. (Usual place of abode)	Stone Ward No If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 7 193 7
5a. If married, widowed, or divorced	(Monyh) (Day) (Year)
5a. If married, widowed, or divorced  William 7. 4um  P	12. May 1 HEREBY CERTIFY, That I attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, day, and year) / Nov. 87 - 1869	I last saw h er elive on May 7 1,1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, et _ 2 _ A _ m.
77 8.5 2.9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked et this occupation (month and	Coronan sclerosis
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month end year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) CONTROL YILL	Office Countries of Paper of P
(Stata or country) Maryland	Seule
13. NAME William H. Warrer	Merio Sellioses
13. NAME William H. Warrew  14. BIRTHPLACE (city or town) (Stata or country)  9. Ween and County	Name of operation
15. MAIDEN NAME Deborate KNOHO red	23. If daeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Deborate Kwotts red	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) guaph a County	Where did injury occur?
17. INFORMANT Henhant & Juny (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Set 11 Will Cometag Dete 10, 1937	Neture of injury
19. UNDERTAKER HUND OS 4 SPONCE	24. Wes disease or injury In any way ralated to occupation of deceased? 720
20. FILED 5/10 19.37 M.H. Merries	(Signed) Sx Michaels Md. D.

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BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	10-12
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

IS A PERMANENT RECORD. Every item of infor-

A-	STATE OF MARYLAND—
state UPA-	1. PLACE OF DEATH
onld	County Lallot
should of OCC	Village or thy Garlon
0	(If
TAN	2. JULL NAME Mrs. Mary BLavamore
SIC	(a) Residence: No. Nenders on Maryland
Exact statement	(Usual place of abod)
Pl	PERSONAL AND STATISTICAL PARTICULARS
7	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Marched  Mar
T I	5a. If married, widowed, or divorced  MUSRAND of
stated EXACTI properly classified ertificate.	Towners Codgor Larramore
E X cl	6. DATE OF BIRTH (month, day, and year)
d ]	7. AGE Years Months Days If LESS than
stated E properly certificate	58 8 15   1 day,hrs.
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, House Receptor
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decreased last worked at
st it	10. Date deceased last worked at this occupation (month and 4/37 spant in this year)
so that	12. BIRTHPLACE (city or town)
s, seruc	(State or country)
plie rrm inst	13. NAME Ludrau Hubbrard  14. BIRTHPLACE (city or town)
ld be carefully supplied DEATH in plain terms, y important. See instri	14. BIRTHPLACE (city or town)(State or country)
fully r pls	I 15. MAIDEN NAME ONTIN PILO
be careful EATH in p important.	15. MAIDEN NAME (Lity or town)
be (AT	(State or country)
should be carefully supplied.  OF DEATH in plain terms, s very important. See instru	17, INFORMANT World & Jacobson Md.
tion shou USE OF ON is ver	18. BURIAL, CREMATION, OR REMOVAL
L S N	Place greenvoro Date J J , 1937
CAUSI	19. UNDERTAKER A. OS. Sollius
	(Address) Greenator
	20. FILED Deff

Registration Dist. No. 2	70
No. 6 Met gassey Hospital St., ath occurred in a horgital or institution, give in NAME instead of street and n ds. How long in U.S. if of foreign birth?	
If U.S. Veteran specify WAR.	
St., Agyor Ward.  If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	Diate
1. DATE OF DEATH May 9 (Month) (Day)	, 193 <u>7</u> (Year)
I HEREBY CERTIFY. That I attended on May 9, 1937, to May 9, 1937, to May 9, 1937, to have occurred on the date stated above, at 11.15 pi.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	deceased from 193.7.; death is said
- A	Date of onset
Diabetic Coma	5-4-37
7.	
Other Contributory Causes of importance:	
4.5	
Name of operation Date of Was there an a	utopsy? 2~>
3. If death was due to external causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of Injury	, 19
Where did injury occur?	
(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
Manner of Injury	
Nature of injury	
4. Was disease or injury in any way related to occupation of deceased?	2
If so, specify	
(Signed) S (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BBN 7 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 5700		
1. PLACE OF DEATH	A 18 1		
County Collect	Outside Registration Dist. No. 290		
Village or City Coston (7.)	No. Williamstrere St., Ward		
Length of residence in city or town whera daath occurredvrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?		
D A	A strong in Co. ii of protein artin		
2. FULL NAME Devous delle	en e		
(a) Residence: No(Usual place of abode)	St, Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193 (Yest))		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
m 11020	1   1   1   1   1   1   1   1   1   1		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS than	to have occurred on the data stated above, at		
1 day, bis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	ware as follows: Oate of one et		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which	Still Boys		
work was dona, as SILK MILL, SAW MILL, BANK, etc			
O 10. Data deceased last worked at this occupation (month and year) spent in this occupation corupation			
year)	Other Coutributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)			
13. NAME 13. NAME 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Oate of Oate of		
	What test confirmed diagnosis?		
E COOKS	23. If death was due to external causes (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?		
()) ()	Where did Injury occur?(Specify city or town, county and State)		
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Williamshuare 5/1, 1937	Nature of Injury		
10 HADEDTAKED CAR LONDON AND AND AND AND AND AND AND AND AND AN	24. Was disease or injury In any way related to occupation of deceased?		
19. UNDERTAKER (Address)	If so, specify		
20. FILED 5/1 19.37 M. fl. Mersey. Registrat.	(Signed) A following soal Region (Address)		
1	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
JUN 7 1937			
Other contributory causes of importance: V. S.	1	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year

of should

item

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. \_\_\_\_ds. How long in U.S. If of foreign birth? nce in city or town where death occurred. If U.S. Veteran specify WAR..... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Oay) ERTIFY, That I attended deceased from 22. to Mars

Length of resid PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated abova, at. If LESS than 7. AGE Years Months Oays 1 day,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, O SAWYER, BOOKKEEPER, etc ..... 9\_Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc ..... TO. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this vear) \_\_\_\_ occupation ... 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Neme of operation \_\_\_\_ 14. BIRTHPLACE (city or town). (State of country What test confirmed diegnosis? MOTHER 15. MAIOEN NAME OF 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide?\_\_\_\_\_ 16, BIRTHPLACE (city or town). (Stata or country) Where did Injury occur? \_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) 18. BURIAL, CREMATION, Manner of injury Nature of injury \_\_\_\_ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKE (Address) If so, specify\_ 20. FILED O (Address) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CAUSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			- aago ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of inforshould state Exact statement of OCCUPA-PHYSICIANS RD. Every stated EXACTLY. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING See instructions on back of certificate FOR 2 UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. AGE should be TION is very important -WRITE PL B.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	W.B
County (albot	Registration Dist. No. 291
Village or City A Michael M. (If	No. Out of Town St, Ward death occurred in a horbital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME (MM) Mills (a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 14 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. O I HEREBY GERTIFY That I ettended depeased from
6. DATE OF BIRTH (month, day, and year) May 10 - 1870	1 lest saw h et elive on May 14/, 1937; death is said
7. AGE Years Months Deys If LESS than 1 dey, hrs. or min.	to have occurred on the date stated above, at
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Caremoma of stomach about
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / ALL D	
13. NAME  14. BIRTHPLACE (city or town)  14. Control of	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Seongama Flewman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sengama Alewman  16. BIRTHPLACE (city or town) Tulbur 6.	Accident, sulside, or homicide? Date of injury, 19
17. INFORMANT Dlane bate	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) At wich air with 18. BURIAL, CREMATION, OR REMOVAL	Manage of inform
Place It makan Date May 17, 1937	Manner of injury
19. UNDERTAKER John an Manhaux	24. Was disease er injury in any way releted to occupation of deceased?
20. FILED May 135, 1937 John Hurwall	(Signed) A, Hofee M. (Address) OH Michaels M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5703
1. PLACE OF DEATH	(NO-E)
County Salvat	Registration Dist. No. 290
Village of City Caston	ND. Comer gence Nossital St., Ward death occurred in a horoital or inspirution, give its NAME instead of street and number)
	death occurred in a horoftalor institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?yrsmos,ds,
2 Jan Hame Lathing Porpor Mall.	If U.S. Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man 12
Male While Single	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
(d) inten	May 11 ,1937, 10 May 12 ,1937
6. DATE OF BIRTH (month, day, and year) May 11 - 1937	I lest saw Muss. elive on May 12 , 1937; deeth is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date steted ebove, at Lite gim.
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Q 7 0 1 1/2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
9. Industry or business in which	Fortra Crawiel Hemortage 5-11-77
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
T0. Date deceased last worked et this occupation (month end year) spent in this occupation	
Cat	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) to Uston (State or country)	
The water	
13. NAME (Varuson Cooper Moffett  14. BIRTHPLACE (city or town) Chestertown,	Neme of operation
(State or country) Maruland	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Sarah Catherine (Keinter)	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Sarah Catherine (Hunter)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maruland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Sarah Moffett	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (frosteutown, Md. P. W.) 18. BURIAL, CREMATION, OR REMOVAL	
Place	Nature of Injury
Palle Mail-	24. Was diseese or injury In eny wey related to occupation of deceased?
19. UNDERTAKER (Address) Chellertown by	If so, specify
20 FILED 5-13 19 57 7-21- Novel	(Signed) M. D.
Registrar.	(Address) Zasta 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			41,

STATE	OF	MARYL	AND-	-CERTIF	CATE	OF	DEATH
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5704

1. PLACE OF DEATH	92.0
County Taelst	Registration Dist. No. 591
Village or City Trean Offord	NoSt.,Ward
Length of residence in city or town where death occurred_bb_yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)    March   March
2 04	If U. S. Veteran, specify WAR
2. FULL NAME Many 10, Muyers	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIYORCED (write the	he word)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from  185, to May 4, 1937.
6. DATE OF BIRTH (month, day, end year) 5-/22/40	I last saw her alive on they 4, 1937; death is sald
7. 7600	ESS than to have occurred on the date stated above, at 12 - m.
66 11 13 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Muhal monfectary year
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years this occupation (month and	5)
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chouse Myocardely years
(State or country)	
13. NAME Way Mayor 14. BIRTHPLACE (city or town)	
I4. BIRTHPLACE (city or town)	Name of operation 200 Date of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Ley Lay	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Date Date	, 19.3- Nature of Injury
19. UNDERTAKER and OBean	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Sastono Hardo	If so, specify After Of
20 FILED May 6 1937 Journas or	(Signod) M. D. Silvelley M. D.
	Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory covers of immediate		
	Other contributory causes of importance;		
May 1,1923	Gastroenteritis	1 year	
		THE AV	
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

# CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	1492
County albay	Registration Dist. No.
Village or City Coaston	No. 9 Mer gluss Aospulal St., Ward (If death occurred in a horpital or inspitution, give its NAME instead of street and number)
Length of relidence in city or town where death occurredyrs	mos. 3.1/2.ds. How long In U.S.Uf of foreign birth?yrsmosds
2. FULL NAME / 100 Louise Hewnam	If U.S. Veteran specify WAR
(a) Residence: No. Gaston, Maryland (Usual place of Abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Pay) (Year)
a. If married, widowed, or divorced	( John )
(or) WIFE of M. Maurice Guerest your	1. 22. HEREBY CERTIFY That I attended deceased from May 18 1937.
DATE OF BIRTH (month, day, end year) Mg . A 11, 1903	I last saw hare alive on May 18 1937; death is said
AGE Years Months Deys If LESS than	
34 2 7 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as faithers. One of ones
kind of work done, as SPINNER, SAWYER, BO OKKEEPER, etc	Calsarean section was performed for a
TO. Date deceased last worked at this occupation (month and year)	contracted felicis (congenital).
2. BIRTHPLACE (city or town) Prestru	Other Contributory Causes of Importance:
(State or country)	
13. NAME Walter M. Wight	
14, BIRTHPLACE (city or town) Tealsalslung	Nama of operation alsalla Data of Data of
(Stere of County)	What test confirmed diegnosis? Cleaned Was there an autopsy?
15. MAIDEN NAME Jenne Pritchet	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) md.	Where did injury occur?
7. INFORMANT Musice & Meynau (Address)	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manage of injury
Place Trestour Med Oate May 21 193	Manner of injury
m 11/	5/.1
9. UNDERTAKER HELLIN um ron	24. Was disease or injury in any way related to eccupation of deceased?
(Address) Zaslou md.	If so, specify The
	(Signed) M.

-WRITE PL V. S. No. 1 m ż

PHYSICIANS should state D. Every item of infor-

UNFADING INK-THIS IS A PERMANENT R

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

LY, WITH

ARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

Exact statement of OCCUPA-

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927		1 week ago	
BUNEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state FOR BINDING ARGIN RESERVED AGE should be mation should be carefully supplied.

Length of residence In city or town where de		If death occurred in a hospital or institution, give its NAME instead of streetsds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME A COLCA	Steel / and	If U. S. Veteran, specify WAR	
(a) Residence: No.		St, Ward.	
DEDCOMM. AND COLOR	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	TH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH  (Month) (Day)	, 193
. If married, widowed, or divorced HUSBAND of (or) WIFE of	ardon	22. JANES 1937 to May	
DATE OF BIRTH (month, day, and year)	10 46/44	Nast saw h 22 alive on 22 2 1	97 deatl
AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 120 a.m.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
60 2	1 day,hr:		e Date
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nouseur !	Darcinoma Hastuc	) 19
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1	swith glound Contines	natori
10, Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Secondary aremy	a
7,017	Occupation	Other Contributory Causes of importance:	
BIRTHPLACE (city or town)	-111		
	145		
13. NAME	Land		
14. BIRTHPLACE (city or town) (State or country)	d	Name of operation Da	
15. MAIDEN NAME Slas aboth	accor Chandle	23. If death was due to external causes (VIOLENCE) fill in also the fo	
16. BIRTHPLACE (city of town)	, /	Accident, suicide, or homicide? Date of Injury_	
(State or country)	HECK	Where did injury occur?	
There a list	0+1	(Specify city or town, county a	nd State)
(Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	LIG PLAGE,
B. BURIAL, CREMATION, OR REMOVAL	- Die	Name of lain.	
Place Acaton Just	Date 5/11 193	Manner of Injury	
- PMC	12	24. Was disease or injury in any way related to occupation of deceas	
UNDERTAKER James Que	peron	and the disorder of injury in any way folded to becopetion of deceas	
UNDERTAKER AMERICA	John	If so, specify	/
	2000		1

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Chronic interstitial nephritis 1111 7 1937	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

back

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Registrar.

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(Address) \_\_\_\_\_a

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BURGAU V S.	19		
Other contributory causes of importance:	and Ha	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• • • • • • • • • • • • • • • • • • • •	
			]

M	ry item of infor-	NS should state	nt of OCCUPA.	\
75	NT REJORD. Eve	LY. PHYSICIA	d. Exact stateme	500
IARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REGRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	certificate.
N RESERVED	DING INK-THIS	. AGE should be	so that it may be	ections on back of
IARGI	Y, WITH UNFA	carefully supplied	'H in plain terms,	ortant. See instru
	WRITE PLAINL	mation should be	CAUSE OF DEAT	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	(SI) 5708
County Talkst	Registration Dist. No. 290
	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hale White Married	(Month) (Day) (Year)
DATE OF BIRTH (month, day, end year)  AGE Years Months Days If LESS than	22. HEREBY CERTIFY, That I ettended decessed from 1936, to May 2, 1937; death is so to have occurred on the date steted above, a \$257. m.
8. Trade, profession, or particular kind of work done, as SPINNER, Created Lawrence SAWYER, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:  Date of one 1973 6
kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc.  10. Date decesed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  12. Total time (years)	Columna and Therman 1937
2. BIRTHPLACE (city or town)  (State or country)	
13. NAME Fearles 7 14. BIRTHPLACE (city or town) (State or country)	Neme of operetion Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary R. Doston	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary & Joston  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANY  A Tally A Leguese	Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place Landon Med Date 5/4, 1937	Menner of injury
9. UNDERTAKER AUGUST Easton Ingli	24. Was diseese or injury In any way related to occupation of deceesed?
10 FILED 5/4 1937 N. M. News	(Signed) ( Yeynam / M

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The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis JUN ( 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	1000
Gallstones		May 1,1923	Gastroenteritis	1 year
			·	

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item

1. PLACE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Ward

(Year)

Oate of enset

Was there en au'opsy?\_\_\_\_

Date of Injury....., 19.

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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
7	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

1. PLACE OF DEATHS	CERTIFICATE OF DEATH 5710
Causty Talkot	Registration Dist. No. 249
Village of Oxy Oxyford Zuld	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in situate terms where death occurred	ds. How long in U.S. If of foreign blrth?mosds.
2. FULL NAME Heller d. Suid	If U. S. Veteran, specify WAR
(a) Residence: No. Cyford Waldplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Trevelle Colored 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way 29 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.	I last saw h ev alive on 5-21, 1937; death is said to have occurred on the data stated above, at 12306m.
7 - ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Miliary pulmmany tuberculoses 3 who =
A. Track, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad at this occupation (month and	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Bellevice Jud.  (State or country)	Other Contributory Causes of Importance:
13. NAME NOUT: Seculle  14. BIRTHPLACE (city or town) Deep week	Name of operation. Date of.
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dertha Cooper	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME PER COOPER  16. BIRTHPLACE (city or town) — Pelleville	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT 12066 Susitific	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place SHELLINGE JUIL Date June 22163	Manner of Injury
19. UNDERTAKER ONLY ON MUCHANIS	24. Was disaasa or injury In any way ralatad to occupation of deceased?
20. FILEO June 2-, 1937 Suffactors Registrar.	(Signed) Laws J. Welty M. D. (Address) Zastm had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the dcceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephralis JUN 4 II	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. BAWRITE PL V. S. No. 1

	County	Fall	et o					& KICK	Registratio	on Dist. No. 29	14
	Village or C		Deford	\	/		No. death occurred in a ho		ition, give its NA	ME instead of street	War t and number)
1			or town where d	eath occurre	nd6	yrs mos	ds. How lo	ng in U.S.if o	of foreign birth?_	yrs	mosd
2.	FULL NA		-ava	A D		wan	O4 14	- tand			
	(a) Residen	ce: No		(Usual	l place o	f abode)	St., W	/ard.	If nonreside	ent give city or tow	n and State
			STATISTI				1		ERTIFICA	TE OF DEAT	ГН
3. S	nisle	1 At	or race	5. SINGLE OR DIV		(whice the word)	21. DATE OF	DEATH	(Month)	4 9 -	, 193 7 (Yyar)
5a. 1	If married, widow HUSBAND of (or) WIFE of	ed, or divore	ed la E	60	Read	(44)	22. h. I/H	EREBY	CERTI	FY That i atte	ended deceased from
			work of	4	100	19/1	mes !	2	, 19.2.], to	may	9-, 19.3
6. D 7. A	GE Yes		and year)  Months	Day	15	1066	to have occurred on	_ alive on	ed above, at	0/50 m	2./; death is sa
	70		9	18	1	I day,,hrs.	The PRINCIPAL CA			auses of importance	1
	8. Trade, profe	ssion, or part	icular	Whi	-	, •••••	2		0		Date of ons
2	SAWYER	ork done, as BOOKKEEP	ER, etc	Marie	un	w	10c	retra	henn	nhoje	may 9
CUPATION	9. industry or work wa SAW MII	done, as SI L, BANK, etc.	K MILL,							V	
3	10. Date deceas this occu	ed last worke	ed at h	137 11.1	Total tir	ne (years) 574					
4	year)		201		ocani	pation	Other Contributory	Causes of imp	ortance:		
12.	BIRTHPLACE (ci (State or cou		Camer	nage	alan	Ca	Cal	0.20	0000	. 7	1.2
X	I3. NAME	See.	120 S	allu	Var	0		sico u			
FAIHER	14. BIRTHPLACE	(elty or tow	n)	0 0	- 0	7	Name of operation_			Date	e of
-		country)	Dne	lyste	21	20	What test confirmed				re an autopsy?
-	15. MAIDEN NA	ME	Mary	5400	Kx	)	23. If death was due	to external ca	uses (VIOL ENCE	) fill in also the fol	lowing:
MOTHER	16. BIRTHPLACE		n)	1		-6-	Accident, suicide, or			Date of Injury	, 19
- 1	(21916.01	country)	78	8 . 01	140		Where did injury or		(Specify city	or town, county ar	nd State)
17.	(Address)	Ja		Cul	7	Eur	Specify whether inju	ury occurred i	n INDUSTRY, In	HOME, OF IN PUBL	IC PLACE.
18.	BURIAL, CREMAT	ION, OR BE	DOVAL		2,	1131 22	Manner of injury				
	Place	MULL	Chi	Date	Ma	y 12 , 1937	Nature of Injury				
19.	UNDERTAKER (Address)	m	They	nam )	Da	and and	24. Was disease or in	njury in any v	vay related to oc	cupation of decease	d? 40
	90.	4.11 , 19	22 00	el & N	28	000	(Signed)	tores	X allo	30	ММ

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The principal cause of of importance were as for	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephrit	is! I have I was a	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 4 1937	July5,1927	Peritonitis	3 days ago
Other contributory caus	SUREAU V. S		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

5710

1. PLACE OF DEATH	
County Talkat	Registration Dist. No. 290
Village or City Irytown.	No. Co. Lea W. D. " Ward death occurred in a hospital or institution, five its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Jerry Thomas	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
m, Colored OR DIVORCED (write the yord)	(Month) (Day) (Ydar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY, That I ettended deceased from
RSD n	May: 10 ,19 37, 10 May 13 ,19 32°
6. DATE OF BIRTH (month, day, and year)	I last saw hale alive on Alex 136, 1937; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Parafelefia 2/1/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate decessed last worked at this occupation (month and	
O To Oate decessed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Jalhat County, (State or country)	Other Contributory Causes of Importance: Type caralitis 2/3/3
13. NAME John Thomas	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Dete of
15. MAIDEN NAME unknown	What test confirmed diagnosis?
T T	23. If death was due to externel couses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury, 19 Where did Injury occur?
17. INFORMANT John Slaughter	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Irytown Date May 19 1937.	Neture of Injury
19. UNDERTAKER Plawise E. Lewson + Sox.	24. Was disease or injury In any way releted to occupation of deceased?
(Address) Taston, Maryland.	If so, specify
20. FILEO 5 7, 15 - 19 3 7 M. A. Plenster Registrar.	(Signed) fairs of 24 m. 0.  (Address) Zobloz MI
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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	Example I	ii	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 7 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

20, FILEO.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, altimore, Requesting U. S. No. 1.

Registrar.

(Signed).

(Address

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Cerebral hemorrhage , IIIN 7 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
<u> </u>				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

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STATE OF MARYLAND	-CERTIFICATE OF DEATH 5714
1. PLACE OF DEATH	(22)
County Today	Registration Dist. No. 290
Village or City. Castan	No Compresented Workstar, St. Ward
	If death occurred in a hospital of institution give its NAME, instead of street and number)
Length of residence In city or town where death occurredyrsmo	os. 13 ds. How long In C.S. if of Greign birth? 23 yrsmosds.
a FUEL NAME //p //any sores	If U.S. Veteran specify WAR
(a) Residence: No. Marydel and.	St., A Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mike. Bares	22. I HEREBY CERTIFY. That I attended deceased from y 3 , 1937, to May 16 , 1937
6. DATE OF BIRTH (month, day, and year) Sept. 12, 1894	I last saw hall alive on I I fast 19 1921; death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, at \( \mathref{D} = \( \frac{90 \mathre{Q}}{2} \) m.
74   I   I   I   I   I   I   I   I   I	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	- Chilleyellus C
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Conseon duet bestreella
10 10. Date deceased last worked at 11. Total time (years)	2 flew die 0
this occupation (month and spent in this year) occupation	Themany Cause - Sall- Stones - Swatton : Goods through
^ \	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Steady Alland H103
# 13. NAME Donneck Flebergie	
T	Name of according Challege hostonic man till
14. BIRTHPLACE (city or town)	Name of operation What test confirmed diagnosis? Chulled was there an autopsy? A
I 15. MAIDEN NAME Moduline Schoo.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Networks gares,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Marfdele Md.	
18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cemetry Date May 20, 193	Manner of injury
Rawlinds.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (AL GLEUS FOR MAC)	If so, specify
5-1 24 SA A   SA	(Signed) 20 Sa Heline M

(Address)

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Jun 7 1937				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis		
C. Carrotte Co.	May 1,1323	Gasiroenteruis	1 year	

ADDITIONAL	SPACE F	OR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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